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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

|                        |                           |
|------------------------|---------------------------|
| Attorney Docket No.    | 20010912                  |
| First Inventor         | Raymond L. Mears          |
| Title                  | M&A Portable Public Add.. |
| Express Mail Label No. | EK834776055US             |

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- Free Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
1. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
2. ☒ Specification [Total Pages 21]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
4. ☒ Oath or Declaration [Total Pages 32]
- a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
5. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_/\_\_\_\_\_

### Prior application information

Examiner

Continuation-in-part (CIP)

of prior application No.

Group Art Unit.

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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or

Correspondence address below

|      |                      |
|------|----------------------|
| Name | Robert N. Montgomery |
|------|----------------------|

109 Brownlee Ave.

Address

|      |           |       |    |          |       |
|------|-----------|-------|----|----------|-------|
| City | Broussard | State | LA | Zip Code | 70518 |
|------|-----------|-------|----|----------|-------|

|         |     |           |              |     |          |
|---------|-----|-----------|--------------|-----|----------|
| Country | USA | Telephone | 337.837.4042 | Fax | 837.5552 |
|---------|-----|-----------|--------------|-----|----------|

|                   |                      |                                   |       |
|-------------------|----------------------|-----------------------------------|-------|
| Name (Print/Type) | Robert N. Montgomery | Registration No. (Attorney/Agent) | 35291 |
|-------------------|----------------------|-----------------------------------|-------|

|           |                   |      |         |
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|  |  |   |  |
|--|--|---|--|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision</p> |  | <b>Complete if Known</b>  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | Application Number _____<br>Filing Date _____<br>First Named Inventor <b>Raymond L. Mears</b><br>Examiner Name _____<br>Group Art Unit _____<br>Attorney Docket No. <b>20010912</b> |  |
| (\$) <b>397.00</b>   |  |   |  |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|---|---|--------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|---------------------------|-----|-----|-------|-----|--------------------|---|-----|-----|------|-----|------------------------|--|--|-----|--------------|-----|----------------|---|----------|-----|--------------|-----|---------|--|---|------|-----|-----|--------------------|---|--------|-----|-----|-----|-----|--|--------------------|-----|-------|-----|-----|---|---|-----|--------------|-----|--------------|--|-----------------|----------|----------|----------|----------|------------------|-----|-----|-----|-----|------------------------|--|-----|-----|-----|-----|-----------------------------------|--------------------------|-----|-----|-------|-----|---------------------------------------|---|-----|-----|-----|-----|--|----------------------------------|-----|-----|-------|-----|--|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number _____</p> <p>Deposit Account Name _____</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> <b>Payment Enclosed:</b></p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> </tbody> </table> | Large Entity |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for ex parte reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840*       | 113 | 1,840*         | Requesting publication of SIR after Examiner action |          | 115 | 110          | 215 | 55      | Extension for reply within first month |   | 116  | 390 | 216 | 195                | Extension for reply within second month |        | 117 | 890 | 217 | 445 | Extension for reply within third month |                    | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |   | 128 | 1,890        | 228 | 945          | Extension for reply within fifth month |                 | 119      | 310      | 219      | 155      | Notice of Appeal |     | 120 | 310 | 220 | 155                    | Filing a brief in support of an appeal |     | 121 | 270 | 221 | 135                               | Request for oral hearing |     | 138 | 1,510 | 138 | 1,510                                 | Petition to institute a public use proceeding |     | 140 | 110 | 240 | 55   | Petition to revive - unavoidable |     | 141 | 1,240 | 241 | 620  | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity  |   | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 105   | 130   | 205          | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 127   | 50  | 227          | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 139   | 130   | 139          | 130          | Non-English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 147   | 2,520   | 147          | 2,520        | For filing a request for ex parte reexamination                            |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 112   | 920*  | 112          | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 113   | 1,840*  | 113          | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 115   | 110   | 215          | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 116   | 390   | 216          | 195          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 117   | 890   | 217          | 445          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 118   | 1,390   | 218          | 695          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 128   | 1,890   | 228          | 945          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 119   | 310   | 219          | 155          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 120   | 310   | 220          | 155          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 121   | 270   | 221          | 135          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 138   | 1,510   | 138          | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 140   | 110   | 240          | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 141   | 1,240   | 241          | 620          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 142   | 1,240   | 242          | 620          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 143   | 440   | 243          | 220          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 144   | 600   | 244          | 300          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 122   | 130   | 122          | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 123   | 130   | 123          | 130          | Petitions related to provisional applications                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 126   | 180   | 126          | 180          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 581   | 40  | 581          | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 146   | 710   | 246          | 355          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 149   | 710   | 249          | 355          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 179   | 710   | 279          | 355          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 169   | 900   | 169          | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____   |   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>370</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (1)</b> (\$) <b>370.00</b></p> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>23</td> <td>-20** =</td> <td>3</td> <td>X</td> <td>9.00</td> <td>=</td> <td>27</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3** =</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (2)</b> (\$) <b>27.00</b></p> | Large Entity  |              | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 710 | 201 | 355 | Utility filing fee | 370                                 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |                           | 108 | 710 | 208   | 355 | Reissue filing fee |   | 114 | 150 | 214  | 75  | Provisional filing fee |  |  |     | Extra Claims |     | Fee from below |   | Fee Paid |     | Total Claims | 23  | -20** = | 3                                      | X | 9.00 | =   | 27  | Independent Claims | 3                                       | -3** = | 0   | X   | 0   | =   | 0                                      | Multiple Dependent |     |       |     | X   | 0                                       | = | 0   | Large Entity |     | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)         | 103 | 18  | 203 | 9   | Claims in excess of 20 |  | 102 | 80  | 202 | 40  | Independent claims in excess of 3 |                          | 104 | 270 | 204   | 135 | Multiple dependent claim, if not paid |   | 109 | 80  | 209 | 40  | ** Reissue independent claims over original patent |                                  | 110 | 18  | 210   | 9   | ** Reissue claims in excess of 20 and over original patent |                                    | <p><b>SUBTOTAL (3)</b> (\$) <b>0</b></p> |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity  |   | Small Entity |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 101   | 710   | 201          | 355          | Utility filing fee   | 370             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 106   | 320   | 206          | 160          | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 107   | 490   | 207          | 245          | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 108   | 710   | 208          | 355          | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 114   | 150   | 214          | 75           | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|   |   | Extra Claims |              | Fee from below   |                 | Fee Paid        |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Total Claims  | 23  | -20** =      | 3            | X  | 9.00            | =               | 27       |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Independent Claims  | 3   | -3** =       | 0            | X  | 0               | =               | 0        |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent  |   |              |              | X  | 0               | =               | 0        |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity  |   | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 103   | 18  | 203          | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 102   | 80  | 202          | 40           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 104   | 270   | 204          | 135          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 109   | 80  | 209          | 40           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 110   | 18  | 210          | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |  |     |              |     |                |   |          |     |              |     |         |  |   |      |     |     |                    |   |        |     |     |     |     |  |                    |     |       |     |     |   |   |     |              |     |              |  |                 |          |          |          |          |                  |     |     |     |     |                        |  |     |     |     |     |                                   |                          |     |     |       |     |                                       |   |     |     |     |     |  |                                  |     |     |       |     |  |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |

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| <b>SUBMITTED BY</b> |                             | <b>Complete (if applicable)</b>   |              |
| Name (Print/Type)   | Robert N. Montgomery        | Registration No. (Attorney/Agent) | 35291        |
| Signature           | <i>Robert N. Montgomery</i> | Telephone                         | 337.837.4042 |
|                     |                             | Date                              | 10/2/01      |

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